

### Billing and Policy AIDS Waiver Program Bulletin 350

December 2003

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*Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update may not always contain a "Billing and Policy" section.*

#### 2004 HCPCS and CPT-4 Codes: Billing Update

The 2004 updates to the *Current Procedural Terminology – 4th Edition* (CPT-4) and *Healthcare Common Procedure Coding System* (HCPCS Level II codes) will become effective for Medicare on January 1, 2004. Medi-Cal has not yet adopted the 2004 updates. Do not use the 2004 code updates to bill for Medi-Cal services until notified to do so in a future *Medi-Cal Update*.



#### Billing Examples

The September 2003 bulletin included updates to your provider manual as a result of the first phase of the Health Insurance Portability and Accountability Act (HIPAA) implementation.

Billing examples in this month's *Medi-Cal Update* conform to recently published HIPAA standards. Please refer to the new billing examples when submitting claims for dates of service on or after September 22, 2003.

**Important:** When you update your manual, please retain the billing examples that you remove. Place them after the Appendix tab at the back of your manual. These pages will help you bill for services rendered prior to September 22, 2003.

*These updates are reflected on manual replacement pages medi cr op ex 1 thru 10 (Part 2).*

#### ICD-9-CM Diagnosis Codes: 2004 Updates

Providers may use the following diagnosis codes for claims with dates of service on or after January 1, 2004. Please refer to the 2004 *International Classification of Diseases, 9th Revision, Clinical Modification, 6th Edition* (ICD-9-CM) for the description of each diagnosis code.

*Please see ICD-9-CM, page 2*

## ICD-9-CM (continued)

## Additions

079.82	289.82	530.21	728.88	850.11	V53.91
255.10	289.89	530.85	752.81 *	850.12	V53.99
255.11	331.11 §§	600.00 *	752.89	959.11	V54.01
255.12	331.19	600.01 *	766.21 †	959.12	V54.02 §
255.13	331.82	600.10 *	766.22 †	959.13 *	V54.09
255.14	348.30	600.11 *	767.11 †	959.14	V58.63
277.81	348.31	600.20 *	767.19 †	959.19	V58.64
277.82	348.39	600.21 *	779.83 †	996.57	V58.65
277.83	358.00	600.90 *	780.93	V01.82	V64.41
277.84	358.01	600.91 *	780.94	V04.81	V64.42
277.89	414.07 +	607.85 *	781.94	V04.82 ††	V64.43
282.41	458.21	674.50 **	785.52	V04.89	V65.11 ** ‡
282.42	458.29	674.51 **	788.63	V15.87	V65.19
282.49	480.3	674.52 **	790.21	V25.03 ** ‡	V65.46
282.64	493.81	674.53 **	790.22	V43.21	E928.4
282.68	493.82	674.54 **	790.29	V43.22	E928.5
289.52	517.3	719.7	799.81 ‡‡	V45.85	
289.81	530.20	728.87	799.89	V53.90	

\* Restricted to males

\*\* Restricted to females

† Restricted to ages 0 thru 1 years

†† Restricted to ages 0 thru 3 years

§ Restricted to ages 0 thru 21 years

§§ Restricted to ages 0 thru 50 years

‡ Restricted to ages 5 thru 70 years

‡‡ Restricted to ages 10 thru 99 years

+ Restricted to ages 40 thru 99 years

## Revisions

The descriptions for the following ICD-9-CM diagnosis codes are revised: 282.60, 282.61, 282.62, 282.63, 282.69, 414.06, 491.20, 491.21, 493.00, 493.02, 493.10, 493.12, 493.20, 493.22, 493.90, 493.92, V06.1 and V06.5.

## Inactive

Effective for dates of service on or after January 1, 2004, the following ICD-9-CM diagnosis codes are inactive and no longer reimbursable: 255.1, 277.8, 282.4, 289.8, 331.1, 348.3, 358.0, 458.2, 530.2, 600.0, 600.1, 600.2, 600.9, 719.70, 719.75, 719.76, 719.77, 719.78, 719.79, 752.8, 766.2, 767.1, 790.2, 799.8, 850.1, 959.1, V04.8, V43.2, V53.9, V54.0, V64.4 and V65.1.

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## **Instructions for Manual Replacement Pages**

### **AIDS Waiver Program (AID) Bulletin 350**

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#### *Part 2*

Remove and replace:   medi cr op ex 1 thru 10

\*   Pages updated/corrected due to ongoing provider manual revisions.